

Case Number:	CM15-0103506		
Date Assigned:	06/08/2015	Date of Injury:	02/16/2011
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a(n) 43 year old female, who sustained an industrial injury on 2/16/11. She reported pain in her neck and lower back. The injured worker was diagnosed as having headaches, cervical sprain and lumbar spine contusion/sprain. Treatment to date has included acupuncture, physical therapy and a cervical MRI. Current medications include Norco and Neurontin. As of the PR2 dated 4/16/15, the injured worker reports improvement of her neck pain and headache symptoms with her acupuncture treatments. She still has 5/10 pain in her neck and 7-8/10 pain in her lower back. Objective findings include tenderness over the sacroiliac joint and left lumbosacral region. There was also decreased range of motion in the lumbar spine and tenderness over the posterior cervical paraspinal and upper trapezius musculature. The treating physician requested continued acupuncture 2 x weekly for 4 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Continued Acupuncture Sessions (Cervical) 2x4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After eight prior acupuncture sessions were rendered (reported as beneficial in reducing symptoms), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition the request is for acupuncture x 8, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not medically necessity.